

**Minutes from the Policy Committee Meeting  
2005 White House Conference on Aging**

**Thursday, February 10, 2005**

**American Association of Homes and Services for the Aging  
2519 Connecticut Avenue, NW., Conference Room  
Washington, DC**

**Participants:**

Policy Committee Members:

Dorcas R. Hardy, Chairman  
Alejandro Aparicio, M.D.  
Robert Blancato  
Senator Larry Craig  
Clayton Fong  
Thomas E. Gallagher  
Gail Hunt  
Barbara Kennelly  
Scott Serota  
Melvin Woods

Policy Committee Member Representatives:

Josefina Carbonell, Assistant Secretary for Aging, Department of Health and Human Services, for Secretary Mike Leavitt  
Thomas Edes, M.D., for Secretary James Nicholson, Department of Veterans Affairs  
Hanz Heinrichs for Congressman Howard "Buck" McKeon

Others:

Nora Andrews, Senior Executive Officer, Policy Committee  
Angela Arnett, Director, Economic Security Subcommittee  
Dr. Robert Butler, President and CEO, International Longevity Center  
David B. Wolfe, Principal, Wolfe Resources Group

Chairman Hardy called the meeting to order at 9:03 a.m. and welcomed the Policy Committee members. The Chairman provided a brief overview of the agenda, citing the need for flexibility in the scheduled timing due to two presentations, a vote in the afternoon, and Senator Craig's attendance around noon for a brief period. Approximately 60 to 70 members of the public attended.

The Chairman briefly introduced the first presenter, David B. Wolfe, as an internationally recognized expert in consumer behavior with a focus on the new customer majority, adults over the age of 40. The Chairman noted that adults over 40 outnumber younger adults, 125 million to 85 million, and account for two-thirds of consumer spending.

**Presentation by David B. Wolfe, “The Truth about Boomers’ Differences from Previous Generations of Aging People”**

Mr. Wolfe’s presentation highlighted (1) some of the difficulties that society faces in speculating about the future of aging baby boomers, based on stereotyping, and (2) how he feels boomers should be seen 10, 20 and 30 years from now, not by conducting more studies, but by using what currently exists in the annals of human development and psychology. He used the Oxford Dictionary definition of “revolution,” as “a dramatic and far-reaching change,” to equate the current silent revolution (aging of society) to dramatic changes resulting from the Industrial Revolution and Information Revolution (computer technology). He stated that “[f]uture historians may call it The Great Demographic Revolution of the 21<sup>st</sup> Century.” In fact, the aging of society, currently viewed as population explosion, and its impact economically can only be viewed by evaluating the “birth dearth” or population implosion of younger age groups. He also stated that global aging will adversely impact the United States economy.

According to Mr. Wolfe, boomers have become the focal point of aging as if they are somehow different from previous generations at comparable ages. Boomers’ differences are mainly in how they satisfy their needs, not in what their basic needs are. Therefore, Mr. Wolfe feels that it is important that, as the Policy Committee deliberates the impact of aging issues on public policy over the next 10 years, it should focus on these basic human needs. Mr. Wolfe notes that the word “boomer” was not used to describe those born between 1946 and 1964 until Landon Jones coined the term in Great Expectations: America and the Baby Boom in 1981. Therefore, “boomers, as a demographic concept, are a figment of marketers’ imaginations.”

Mr. Wolfe concluded his formal remarks with a power point presentation that utilized the biological aspects of human development and psychology and the four seasons of life to describe primary developmental objectives in which basic human needs must be met in the different cycles of life. His analysis equates the following: Spring is fantasy (role-modeling), Summer is romantic (social and vocational development), Fall is spiritual development (balance in work/play, focus on inner self), and Winter is reconciliation, or the climax of human development. In conclusion, the first half of life is social-actualization or focus on the social self, whereas the second half of life is self-actualization or focus on the inner self. He indicated that commercial companies in the 21<sup>st</sup> Century, such as Chicos, Anthropologie, and the Container Store, which are doing well financially, realize that authenticity or any product that assists individuals to help and heal themselves, is driving the market. Mr. Wolfe stated that one-third of health care costs of older individuals could be cut by focusing on health and aging. However, motivation becomes an issue, and this is the challenge. The Chairman indicated that a focus of the WHCoA is healthy lifestyles, fitness, and nutrition. In response to a question

concerning access to a list of books that Mr. Wolfe mentioned during his presentation, Chairman Hardy stated that interested parties would be able to access this bibliography on the WHCoA Web site and that a bookstore would set up at the 2005 White House Conference on Aging (WHCoA).

### **Health and Social Support Subcommittees - Annotated Agenda Update and Listening Sessions/Presentations Feedback**

- Scott Serota, Chair of the Health Subcommittee, reported that members of the subcommittee have agreed to modify health issues in the proposed 2005 annotated agenda. These modifications include additions to four critical areas: (1) stress the importance of mental health as well as and physical health, (2) ensure disability needs are met, (3) recognize the importance of culture to competent care, recognizing diversity in the aging workforce, and, (4) ensure that an adequately trained workforce is available. In addition, the subcommittee reviewed the list of planned Mini-Conferences and agreed to add a couple of additional conferences. The Health Subcommittee agrees with the Social Support Subcommittee's recommendations and will add hospice and palliative care as a Mini-Conference and rural health care issues as a Solutions Forum. In addition, the subcommittee looked at issues for briefing papers and a list of individuals to draft these papers. The subcommittee may invite Secretary Leavitt or Dr. Mark McClellan as a keynote speaker related to the health agenda. Mr. Serota further noted that a program on research related in general to the elderly was discussed.
- Clayton Fong, Chair of Support Services Subcommittee, stated that the challenges posed to this subcommittee are to pare down rather large and general issues and to focus on issues confronting an aging society for the next 10 years and beyond. Four common issues that have arisen from the listening sessions include (1) shortages in the work force, (2) keeping older drivers on the roads, (3) coordination of care of social and health services, and, (4) harnessing volunteerism. Mr. Fong also stated that coordination of care issues across the continuum as a Mini-Conference was discussed, and the Department Veterans Affairs is taking the lead. The subcommittee desires to take a more holistic view in this area. In addition, Mr. Fong stated that there needs to be a way to reach out to aging populations, especially those who have limited English proficiency. The manner in which the WHCoA can reach minority aging organizations by providing venues through Mini-Conferences. At this point, the Chairman indicated that the updated list of Mini-Conferences would be added to the Web Site following this Policy Committee meeting. The challenge is to find out how to elevate the debate and to get to resolutions that must be presented at the WHCoA.

## **Administrative Issues**

- Chairman Hardy stated that the timely convening of the 2005 WHCoA concerning the current dates in October and the location are presenting some very difficult challenges about the best way to accommodate delegates, the most efficient and effective movement of delegates, and how to get through the WHCoA proceedings. Therefore, in order to ensure that delegates have the most positive experience, the Chairman suggested, that, if the Policy Committee concurs, she would ask staff to revisit and to look at pursuing the availability of other venues, still located in Washington, DC. The Chairman indicated that she did not need a motion, but there was a need for greater exploration. In response to Mr. Blancato's question about the timeframe for staff to report back following their review, Chairman Hardy indicated a week to 10 days. If necessary to facilitate communications, a conference call will be scheduled with all Policy Committee members for a vote on any changes.
- Chairman Hardy introduced and welcomed Thomas E. Gallagher as the newest Policy Committee member. Mr. Gallagher was appointed by Senator Harry Reid to replace him on the Policy Committee. Because of other responsibilities, Senator Reid is no longer able to serve on the Policy Committee.

## **Delegate Selection Update**

Clayton Fong, with assistance from Bob Blancato, described the status of the delegate selection process:

- Letters have been sent to all congressmen, Governors, and the National Congress of American Indians requesting their delegate designations by March 15, 2005 [*deadline subsequently extended to April 15*]. This will complete the first phase of delegate selection, accounting for 700 plus delegates, which leaves 400 to 500 at-large delegates to be designated.
- Following the development of criteria, which will include experience, ethnicity, and demographics, the at-large category delegates will represent aging organizations and others and can be self-nominated. This secondary phase of delegate selection will occur after the first phase group has been designated. Cut-off deadline for nominations is May 1, 2005 [*deadline subsequently extended to June 1*], with final selection in a month or so. The goal for delegate selection in the at-large category is to analyze each nomination, using a long list of criteria, striving for broad inclusiveness, with a focus on the whole country's demographics, and to follow guidelines required by the Older Americans Act Amendments of 2000. It was agreed that selecting individuals with low socio-economic status may present a challenge

There will be three ways to register as a delegate: electronically via the Web site, a dedicated toll-free telephone line, and through the mail (mailings will be sent to

the aging network, State and Area Agencies on Aging, etc.). Advertising will occur through press releases and the aging networks' newsletters. A notice could also be published in the Federal Register. Thousands of applications are anticipated.

### **Presentation by the Foundation for the National Institutes of Health (NIH)**

Amy McGuire, Executive Director, and Juli Staiano, Director of Development of the Foundation for the NIH, provided a brief overview and history of the Foundation and discussions held with Gayle Cozens, Deputy Director for Outreach, WHCoA.

In 1990, Congress initially authorized the National Foundation for Biomedical Research, and in 1996, the Foundation became a non-profit organization, 501(c)(3) organization in the State of Maryland. The name was changed to the Foundation for the NIH (Foundation), and staff has grown from 9 to 28 employees. Its mission is to raise private funding to support Government projects with NIH affiliation. In 2003, Bill and Melinda Gates gave a \$200 million grant to the Foundation, making it the only grant-making project. There are \$68 in private funds commingled to every \$1 in Government dollars used to fund projects. Currently, the Foundation has 37 active projects, and they have conducted very successful fund-raising to pay for several Secretarial initiatives.

Staff at the WHCoA is currently working on a Memorandum of Understanding (MOU) that would engage the Foundation to conduct private fund raising to support numerous activities of the WHCoA. Although the WHCoA has gift authority, it is not able to solicit money from private donors. The WHCoA is working with the National Institute on Aging, one of the 27 institutes at NIH, which is the link with NIH that permits the WHCoA to enter into an MOU with the Foundation. Josefina Carbonell, Assistant Secretary for Aging, is supportive of the MOU. The Foundation would charge an administrative fee of 3 percent to 10 percent for the services that it performs to identify and obtain private donors or sponsors to underwrite large ticket expenses of the WHCoA; expenses, such as food, for which the WHCoA is not allowed to use Government funds. The Administration on Aging should have a decision very soon regarding the MOU. Chairman Hardy stated that the Policy Committee needed only to support, not to vote on, the use of the Foundation. The Policy Committee members were impressed by, and support the use of, the Foundation to solicit funding.

### **Conference Format**

Chairman Hardy provided a preliminary overview of procedures under development for the four-day 2005 WHCoA.

- Day One probably will start on a weekend day, be more than half a day, and include delegate registration, the charge to the delegates, and a welcome dinner. The day's focus will be to celebrate healthy living in mind, body, and spirit, nutrition, and fitness, using pedometers, celebrities, and entertainment.

- Day Two will open with a plenary session and include addresses by the President, (invited), other Federal officials, and VIP's; the afternoon will include a Resolution Forum, delegate vote on the resolutions electronically, a technology pavilion where private sector companies, such as Motorola, Home Depot, or Hewlett-Packard or others, can display the latest technology for an aging society, followed by an evening social event.
- Day Three will consist of concurrent implementation workshops and an evening event.
- Day Four will include a closing plenary session where the Chairman will summarize the WHCoA proceedings and resolutions; the Vice President will be invited, and a futurist speaker may be invited.

The Chairman indicated that many activities and events need to take place before the actual 2005 WHCoA event begins in order to ensure its success. Numerous Listening Sessions (13) have already been held around the country, with numerous Solutions Forums (11+) and Mini-Conferences (6+) held or scheduled through the summer to obtain input from the public on aging issues and solutions to those issues as resolutions are developed. To date, over 125 events have been designated as WHCoA events. These scheduled events are kept current on the 2005 WHCoA Web site, along with other pertinent information concerning the WHCoA. Already there have been 40,000 to 50,000 individuals participating in pre-WHCoA events. In addition, prior to the WHCoA, the Policy Committee will identify approximately 75 to 100 resolutions to present at the WHCoA for the delegates to electronically vote and prioritize the top 50. These draft resolutions will be reviewed in July by the Policy Committee members and sent to delegates before the WHCoA. Issue papers will be drafted in the summer on the main WHCoA issues and placed on the Web site. Post-WHCoA activities will include events, a draft Report to the Governors within 100 days, a final Report to the President and Congress within 6 months that will include the top 50 resolutions from the WHCoA. In response to questions concerning transportation scheduling for delegates on the West Coast and delegates voting on resolutions, the Chairman stated the following:

- For delegates traveling West of a specific geographic location in the country, transportation and lodging should be authorized for the Saturday evening prior to the start of the WHCoA. It is important to look into these additional costs and to raise more money to accommodate these delegates who would be very tired from traveling great distances to reach the WHCoA on Day One.
- The Resolutions Forums should take up the bulk of Day Two, and voting by delegates on the resolutions is expected to be for both Conference report resolutions and the priority of those resolutions. Dr. Aparicio will work with his statisticians on how to evaluate the delegates' voting on 50 resolutions.

## **Economic Security Subcommittee – Annotated Agenda Update and Listening Sessions/Presentations Feedback**

Senator Craig, Chair of the Economic Security Subcommittee, provided brief remarks regarding work of the subcommittee before he introduced Angela Arnett. Ms. Arnett discussed specifics of the listening sessions pertaining to issues before the subcommittee and future planned Mini-Conferences. Ms. Arnett indicated that the Social Services Subcommittee suggested adding the issue of planning for long-term living to the Economic Security Subcommittee's agenda, which the subcommittee agreed to do. Mini-Conferences on long term care, work force of the future (currently working with the Chamber of Commerce), disability issues (currently working with a coalition of stakeholders) are under development, as well as a conference on financial literacy over a lifetime. Regarding Social Security solvency, the subcommittee has agreed that all views will be represented in background materials for WHCoA delegates. Senator Craig noted that the issue of Social Security deserves attention, but that the WHCoA should not become a debate on Social Security nor should Social Security dominate the WHCoA agenda.

Chairman Hardy provided a brief introduction of the second presenter, Dr. Robert N. Butler, President and CEO of the International Longevity Center in New York. Dr. Butler is a world-renown gerontologist, psychiatrist, and Pulitzer prize-winning author. In 1975 he founded the National Institute on Aging at the National Institutes of Health. In 1990, Dr. Butler organized the International Longevity Center–USA (ILC-USA), an independent affiliate of Mount Sinai School of Medicine.

### **Presentation by Dr. Robert N. Butler on Aging and Health Issues**

Dr. Butler began by describing ILC-USA as “a think and do tank.” Specifically, ILC-USA is a not-for-profit, nonpartisan research, policy, and education think tank devoted to science-based policy development on aging populations. ILC-USA works independently and collaboratively with ILCs of Japan, the United Kingdom, France, and the Dominican Republic.

Dr. Butler described results obtained from some of the previous and current studies conducted by ILC-USA, which have impacted aging policy. For example, Dr. Butler discussed results from an issue brief which stated that 13 percent of the older population take medications; yet, there is no requirement for conducting clinical trials in older age groups. As a result, about 17 percent of these individuals suffer adverse drug reactions and are treated in the emergency room. To address this issue, he argues that there should be clinical trials and a sophisticated post-marketing drug surveillance system in place in each of the 10 regions of the Department of Health and Human Services.

In addition, Dr. Butler emphasized that the current focus should be on health and aging since social and health care workers are not prepared to care for older individuals. There is an urgent need to train physicians, allied health care workers, and social workers before they graduate concerning special conditions (multiple, complex emotional physical,

social, and psychological problems) associated with growing older. Dr. Butler stated that, of 144 medical schools in the country, no more than 35 address treating older patients, and only 5 medical schools have full-fledged geriatrics programs. In health care today, Dr. Butler said that “Alzheimer’s is the polio of geriatrics, and the nursing home is the iron lung of geriatrics.” Since 1935, life expectancy has risen to age 79. As a result, there have been discussions in Congress about increasing the retirement age. He indicated that studies have shown that individuals live longer and better if they have a purpose or reason to get up in the morning. Therefore, more and more individuals could be working longer, which raises issues that need to be addressed concerning race, gender expectancies, job availability and age discrimination. Dr. Butler stated that a byproduct of the events of September 11, 2001 showed that the country needs an emergency plan to identify the location of older people; the Department of Homeland Security should address the importance of an emergency plan for older individuals. In conclusion, Dr. Butler stated that the 2005 WHCoA is a good opportunity to address issues of health and aging in the 21<sup>st</sup> Century.

Following his remarks, in response to questions from the Policy Committee, Dr. Butler further elaborated on his vision of developing a healthcare workforce passionate about health and aging. He believes that the answer lies in medicine, getting physicians, nurses, and social workers around the country organized to lobby on this issue. He feels that it is essential that medical schools become Centers of Excellence in research and delivery to the aging population. Chairman Hardy reiterated the focus of the WHCoA on healthy living, nutrition, and fitness. In response, Dr. Butler stated that there should be a greater emphasis for the food industry to push a balanced diet, as large quantities of food are toxic. He cited the results of a decrease in smoking when the Government and the tobacco industry joined forces. Dr. Butler recommended three solutions or recommendations that should come from the WHCoA:

1. Get more older individuals involved, thereby giving them a purpose in life
2. Work to end age discrimination, and to look at the Equal Employment Opportunity Commission to obtain a better understanding of enforcement.
3. It is time to assist the press, television, and movie industry not to use inappropriate and unacceptable terms to describe aging individuals; terms such as “crocks,” “gorks,” “vegetables,” “scrapheap,” “codgers,” or “geries.”

In addition, Dr. Butler indicated that it was necessary to develop new technology to measure disability and a new scale to define disability, since disabled individuals often want to work. It is important to have guidelines, but to be flexible and allow those who want to work to work. As a fitness issue, Dr. Butler encouraged the WHCoA to focus on the issue of balance in the aging population. He stated that there are over 25,000 hip fractures a year in individuals 65 and over, mostly in women, resulting from osteoarthritis. He also encouraged an increased collaboration between the public and private sectors and getting the American Red Cross involved. He recommended that the



Department of Veterans Affairs could serve as the role model for coordination of care, since complex chronic diseases need good care coordination. Finally, he recommended that end-of-life issues begin in the doctor's office, not in the hospital when immediate decisions must be made. It is important to encourage quality of life at the end so that a family member or health care proxy has been given clear direction regarding an individual's decision.

Chairman Hardy adjourned the meeting at 1:54 p.m.

/s/

Dorcas R. Hardy  
Chairman

